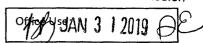




Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 1/29/2019		
-1-10-		1051 & section cha	nged AN
2.	Committee Information		
	Fitzpotrick For Missouri		
	PO Box 701, Shell Knob, MO 6574 Committee Mailing Address, City, State, & Zip	17	(417) 877 - 0505 Telephone Number
		County Clerk or Board of Election Commission	ners
	Committee Type: ☐ Campaign	AC) 🗆 Debt Service 🗀 Explo	oratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Downy Buchanan Treasurer's Name (First & Last)		
		Treasurer's Email Address (optional)	27/00
	P.O. Box 701 Shell Knds, MI 65747 Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	(417) 271 - 3600 Treasurer's Work Telephone Number
			,
	Jeff Shore CPA Deputy Treasurer's Name (if one appointed)		
	3854 South Avenue, Springfield, MO (5807) Deputy Treasurer's Mailing Address, City, State, & Zip	(417) 882-7514	(417)877-0505
		Dep. Treasurer's nome relephone Number	Dep. Treasurer's Work releptione Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess City State & Zin
	ARMENINMEN	· · · · · · · · · · · · · · · · · · ·	,,
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Co	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	pack) 📈 No
5.	Official Bank Account Information (required by all committees)		
6.	Candidate Supported or Opposed (candidate committees must.	include self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	()
	8/4/2020 Stote Transvier	Remublican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	and the second second
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all committees)		
☐ I affirm and attest under penalty of perjury that information and facts in this report are complete, true			
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 R		snable under Ch. 5/5 RSMo.
	Committee Treasurer	Candidate (Candidate Committees On(y)	
	Committee Heasurer	Candidate (Candidate Committees Only)	